TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 08/31/05)						
CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT		
INPATIENT	8,566	9,196	56,828	\$37,725,386.09		
OUTPATIENT	64,649	106,962	660,144	\$22,664,375.58		
CHILD PART HOSP	. 0	. 0	. 0	\$0.00		
CHILD DAY TREATMENT	0	0	0	\$0.00		
ADULT PART HOSP	0	0	0	\$0.00		
ADULT DAY TREATMENT	1	16	210	\$2,514.48		
SKILLED NURSING FACILITY	471	639	10,139	\$1,833,275.03		
INTERMEDIATE CARE FACILITY	13,586	26,356	770,548	\$62,272,049.70		
INTER CARE MENTAL RETARDA	2,205	4,901	145,352	\$46,952,418.04		

125

12,585

305,312

20,622

15,694

5,438

2,186

2,696

1,921

544,629

13,735

10,455

29,845

40.781

18,604

9,880

2,366

4,357

28,505

14,825

15,583

6.756

1,609

8.254

4,213

24,907

21,701

4.117

0

84

821

2

249,531

17.814

1,083,584

n

0

0

n

3,739

181,199

415,836

20,537

30,933

98.361

2,171

272,987

27,297

1,980

544,629

13,735

10,455

29,845

37,424

87,782

11,693

78,506

28,890

15,813

20,048

8.572

25,152

48,232

122,978

931,492

473,873

142,071

5,154

0

9.911

249,531

1.796.270

1,007,043

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34

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8,829

120,420

14.446

11,988

2,465

1,720

801

2,177

1,586

269,764

11,648

133,341

5.517

5,949

18,896

8,278

3,231

1,287

23.238

12,293

7,392

5,479

369

476

4.374

2,222

8,364

6,805

1,687

n

34

709

151,703

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE

RUN DATE 08/21/05

\$955,938.56

\$2,489.83

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$7,022,949.88

\$18,605,692.80

\$2,591,562,32

\$474,631.39

\$4,729,012.15

\$1,939,725.63

\$62,181,405.74

\$322.735.94

\$91,528.33

\$15,856,044.48

\$1,360,753.01

\$1,525,600.31

\$1,249,236.31

\$3,261,832,15

\$1,200,477.49

\$2,540,805.46

\$497,265.66

\$4,824,097.39

\$3,570,005.89

\$750,098.48

\$453,756.32

\$243,341.08

\$304,278.07

\$1,221,056.75

\$302,606.30

\$923,725.23

\$48,700.63

\$5,421,489.37

\$2,225,492,39

\$0.00

\$35,440,706.16

\$5,035.68

\$499,062.00

\$195,816.02

1

IAMM2200-R003 (MR-0-12)

NURSING FAC FOR MENTAL ILL

LEAD INSPECTION AGENCY

HOME HEALTH

CLINIC SERVICES

MEP CASE MANAGEMENT

AMBULANCE SERVICES

PRESCRIBED DRUGS

TOMA PLAN PROGRAM

EPSDT SCREENING

PATIENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

PODIATRIC

CHIROPRACTIC

DRUG CAPITATION

LAB AND RADIOLOGICAL

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

MR OBRA WAIVER SERVICES

ELDERLY WAIVER SERVICES

ILL & HANDICAPPED WAIVER SVCS

AIDS WAIVER SERVICES

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

EARLY ACCESS SERVICES

PHYSICIAN

AS OF 08/31/05

IAMM2200-R003 (MR-O-12)	IOWA DEPARTMENT OF HUMAN SERVICES	PAGE 2
AS OF 08/31/05	MEDICAID MANAGEMENT INFORMATION SYSTEM	RUN DATE 08/21/05

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE)

0

12,664 O

0

13,094 0

8,410,463

TOTAL

\$2,762,653.70

\$357,530,619.35

\$478,991.53

\$0.00

PAYMENT

	(FISCAL	YTD TOTALS AS OF 08/3	1/05)
CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE

0

7,674

UNASSIGNED 10 5
* A L L C A T E G O R I E S * 319,262 2,684,277
*** EDD OF REPORT ***

COUNTY OFFICE REIMBURSEMENT

MEP SERVICES